UI-40B (Rev. 6/15) IL 427-0402 Stock No. 7876

State of Illinois Department of Employment Security Revenue Division - 307 East Jackson St, 3rd Floor Springfield, Illinois 62701 Fax number 217-785-1725

SOCIAL SECURITY NUMBER CORRECTION AND NAME CHANGE NOTICE

				Please complete this schedule promptly.		
		Return original to this Division, Attention:				
		WAGE RECORDS				
		Retain duplicate for your files.				
Enter your Illinois Unem name and Address in the	nployment Insurance Account Number, he space above.					
IF ADDITIONAL SPAC ADDRESS AT THE TO	E IS NEEDED, CONTINUE ON A PLAIN PIEC P, AND HEAD EACH COLUMN AS ON THIS	E OF PAPER, EN	NTER YOUR ACCO	DUNT NUMBER, NAME AND		
Worker's Social Security Number AS REPORTED	Worker's Name (Type or Print)	QUARTER ENDING	TOTAL Wages Paid	Worker's Social Security Number AS CORRECTED		
Date	Signed					
		T:41				

For information & phone numbers, please visit, http://www.ides.illinois.gov/SitePages/ContactIDES.aspx. For this & other online forms, please visit, http://www.ides.illinois.gov/forms